

Meade County RECC

P.O. Box 489
Brandenburg, KY 40108-0489
(270) 422-2162
Fax: (270) 422-4705

RECEIVED

MAY - 6 2013

PUBLIC SERVICE
COMMISSION

April 29, 2013

MR. JEFF DEROUEN
KENTUCKY PUBLIC SERVICE COMMISSION
211 SOWER BLVD
FRANKFORT KY 40602

Case No. 2010-00375

Mr. Derouen:

Please find enclosed copies of the safety observations for our contractors as well as our own safety observations for the 1st quarter of 2013. If you need further information, please do not hesitate to contact me @ (270) 422-2911, ext. 3134.

Sincerely,

Cassie Basham, Supervisor
Operational Services

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
CREW WORK PROCEDURES AND
SAFETY OBSERVATION AND CHECKLIST

Date: 2/20/13

Operator/Job Title: Superintendent

Crew Leader/Foreman: J. Crosser

Phone Nos: 337 353 350 304

Crew Members: B CAMP J WENTZ C W. H. Hms

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials	✓		
3. Personal protective equipment:			
a. Eye/face protection	✓		
b. Hearing protection	✓		
c. Hand protection	✓		
d. Foot protection	✓		
4. Webbing or personal protective priority	✓		
5. Traffic control devices:			
a. Signs			✓
b. Cones			✓
6. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection:			
a. Safety belts	✓		
c. Harness	✓		
c. Lanyards	✓		
9. Tailgate completely held	✓		
10. Proper equipment location and use (trucks, loaders, etc.)	✓		
11. Equipment safety check/route	✓		

Comments:

covering pres-tr's in substation BUILDING NEW 3φ

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST

Date: 2/21/13 Crew Leader/Foreman: D. BARR Supervisor: Roger Hunt
 Crew Members: C. VESSELS, K. D. TO, R. KEEN
 Account #s: 338, 325, 340

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up material	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection	/		
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective devices	/		
5. Traffic control devices			/
a. Signs			/
b. Cones			/
6. Flagman - with proper equipment			
7. Chocks	/		
8. Fall protection	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate down on the field	/		
10. Proper equipment location and use (trucks, trailers, etc.)	/		
11. Equipment safety check made	/		

Comment: REMOVING WIRE FROM FIELD

Excel: D: Forms are available on the internet



MEADE COUNTY RURAL ELECTRIC CO-OPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST

Date: 3/28/13

Crew Leader/Foreman: D BARR
 Crew Members: K DITTO C VESSELS R KEEN
 District: 338, 340 349
 Supervisor: Roger Hunt

DESCRIPTION	NOT		NA
	USED PROPERLY	USED PROPERLY	
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection	/		
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective equipment	/		
5. Traffic control devices	/		/
a. Signs			/
b. Cones			/
6. Fleetsman with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (hooks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment: SPAN PRI RUA m/p
 LOOKED GOOD

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST

Date: 3/28/13

Crew Leader Foreman
 Crew Members

J. CROSBY
 J. WENTZ

C. WILLIAMS

CLIENT STATE Agency No. 337 350 353

Roger Hunt

DESCRIPTION	NOT		N/A
	USED PROPERLY	USED PROPERLY	
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye face protection	/		
b. Hearing protection	/		
c. Hand protector	/		
d. Foot protection	/		
4. Vehicle or passenger protective devices	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagman - with proper equipment	/		
7. Chocks	/		
8. Fall protector	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate container or field	/		
10. Proper equipment location (aerials, trucks, ladders, etc.)	/		
11. Equipment safety instructions	/		

Comments:

SPAN PR: KVA T/S
 GOOD WORK SITE

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST

Date: 1-21-13
 Crew Leader/Foreman Ferry B.
 Crew Members Jeff R.

Observer's Name T. Board K-Matingly
 Vehicle #(s) 339

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials			✓
3. Personal protective equipment	✓		
a. Eye/face protection	✓		
b. Hearing protection			✓
c. Hand protection	✓		
d. Foot protection	✓		
4. Vehicle or personal protective grounds			✓
5. Traffic control devices			✓
a. Signs			✓
b. Cones			✓
6. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection	✓		
a. Safety belts	✓		
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment:

Hooking up v/g service to house
C-Port

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
CREW WORK PROCEDURES AND
SAFETY OBSERVATION AND CHECKLIST

Date: 1-23-13
 Crew Leader/Foreman Steve Metcalf
 Crew Members Todd Joel Taul

Observer's Name T. Board K. Mattingly
 Vehicle #(s) 325 359 334

DESCRIPTION	USED PROPERLY	NOT	
		USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials	✓		
3. Personal protective equipment	✓		
a. Eye/face protection	✓		
b. Hearing protection			✓
c. Hand protection	✓		
d. Foot protection	✓		
4. Vehicle or personal protective grounds	✓		
5. Traffic control devices			✓
a. Signs			✓
b. Cones			✓
6. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection	✓		
a. Safety belts	✓		
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment

2 span's P&I Hooking up 2 1/2 services

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
CREW WORK PROCEDURES AND
SAFETY OBSERVATION AND CHECKLIST

Date: 2-15-13

Observer's Name T. Bond

Crew Leader/Foreman Greg D.

Vehicle #(s) 321 301 358 335

Crew Members Joe B Daniel R. Todd

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves			—
2. Cover-up materials			—
3. Personal protective equipment	✓		
a. Eye/face protection	✓		
b. Hearing protection			—
c. Hand protection	✓		
d. Foot protection	✓		
4. Vehicle or personal protective grounds			—
5. Traffic control devices			—
a. Signs			—
b. Cones			—
6. Flagman - with proper equipment			—
7. Chocks	✓		
8. Fall protection	✓		
a. Safety bells	✓		
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment

Setting 4 sec light pole's
For County Garage

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST

COPY

Date: 3-12-13 Observer's Name T. Board
 Crew Leader/Foreman Steve M. Vehicle #'s: 358 334 352
 Crew Members Jack Joel Todd

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves			<input checked="" type="checkbox"/>
2. Cover-up materials			<input checked="" type="checkbox"/>
3. Personal protective equipment	<input checked="" type="checkbox"/>		
a. Eye/face protection	<input checked="" type="checkbox"/>		
b. Hearing protection			<input checked="" type="checkbox"/>
c. Hand protection	<input checked="" type="checkbox"/>		
d. Foot protection	<input checked="" type="checkbox"/>		
4. Vehicle or personal protective grounds			<input checked="" type="checkbox"/>
5. Traffic control devices			<input checked="" type="checkbox"/>
a. Signs			<input checked="" type="checkbox"/>
b. Cones			<input checked="" type="checkbox"/>
6. Flagman - with proper equipment			<input checked="" type="checkbox"/>
7. Chocks	<input checked="" type="checkbox"/>		
8. Fall protection			<input checked="" type="checkbox"/>
a. Safety belts			<input checked="" type="checkbox"/>
b. Harness			<input checked="" type="checkbox"/>
c. Lanyards			<input checked="" type="checkbox"/>
9. Tailgate conference held	<input checked="" type="checkbox"/>		
10. Proper equipment location and use (trucks, ladders, etc.)	<input checked="" type="checkbox"/>		
11. Equipment safety check made	<input checked="" type="checkbox"/>		

Comment

Rolling w/o Primary Patriot's Shores Spu

Excel: D:\Form\crewobservationsheet

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST

COPY

Date: 3-12-13 Observer's Name T. Board
 Crew Leader/Foreman Greg D Vehicle #(s) 321-346
 Crew Members Joe B Daniels

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves			✓
2. Cover-up materials			✓
3. Personal protective equipment	✓		
a. Eye/face protection	✓		
b. Hearing protection			✓
c. Hand protection	✓		
d. Foot protection	✓		
4. Vehicle or personal protective grounds			✓
5. Traffic control devices	✓		
a. Signs	✓		
b. Cones	✓		
6. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection			✓
a. Safety bells			✓
b. Harness			✓
c. Lanyards			✓
9. Tailgate conference held			✓
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment

Setting Pole's on Copper Rebuild
Fred Phillips LN

Excel: D:\Form\crewobsarv\onsheet

Quarterly Contractor Safety Update

Contractor: Townsend Tree Service, LLC
Date of update: 4-18-13 Location: Burg Office
Attendees: L. Giltus, D. Benkins, Eric Melton, D. Pool,
R. Harrington
Manhours worked: 6809

Accidents and Near Misses

Quantity: 0 Lost time accidents _____ Time lost _____

Accident #1: _____

Crew name (foreman): _____

Violation(s) found: _____

Remedies or corrections taken: _____

Disciplinary action(s): _____

Other pertinent information: _____

Disciplinary action(s): _____

Other pertinent information: _____

Contractor updates (safety, operations, and corporate)

Deficiencies, violations, and other concerns found and/or reported during observations and audits:

Safety program accomplishments and updates: _____

- has implemented a ^{driving} program to reduce accidents
- Smith's driving video/session
- back into parking areas
- 360° walk around before moving vehicle
- use of safety cones
- use headlights while driving
- have employees learn & recite "Keys of Life"
- Implemented use of green "danger area" cones
- Monthly employee evaluations

TOWNSEND TREE SERVICE, LLC
 ACCIDENT STATISTICS REPORT
 March 2013

Tree Trimming Division	First Aids Non Reportables		Medical Attention Reportables		Lost Time Injuries		OIR		LWIR		Vehicle Accidents		Property Damage		Total Hours YTD Total	
	Current Month	YTD Total	Current Month	YTD Total	Current Month	YTD Total	2013	2012	2013	2012	Current Month	YTD Total	Current Month	YTD Total	2013	2012
Year-->	2013		2013		2013		2013	2012	2013	2012	2013		2013		2013	
Eric Melton	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rob Stidham	-	-	-	-	-	-	-	13.35	-	13.35	-	-	-	-	-	7,970
Total: Eric Melton	-	-	-	-	-	-	6.70	-	6.70	-	-	-	-	-	-	7,970
Bill Shouse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,297
Donnie Keefon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,931
Ryan Manson	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	282
Total: Bill Shouse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,510
Mac McMullen	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,209
Mark Bauman	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,372
Raymond Henn	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,027
Dave McMullen	-	-	-	-	-	-	33.77	-	-	-	-	-	-	-	-	5,923
Shawn McMullen	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,640
Total: Mac McMullen	-	-	-	-	-	-	11.01	-	-	-	-	1	-	-	-	18,171
Mike Baynum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Matt Benskin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,617
Kevin Hendrickson	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,500
Brian Hutchison	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8,755
Jamie Jones	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,965
Total: Mike Baynum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	24,837
Brian Hendrickson	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Robert Bandy	-	-	-	-	-	-	-	26.22	-	17.48	-	-	-	-	-	4,492
Phil Damon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,394
Greg Daniels	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,615
Rob Hupp	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9,283
Total: Brian Hendrickson	-	-	-	-	-	-	4.65	-	3.10	-	-	-	-	-	-	25,784
Dennis Benskin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Larry Gillis	-	-	-	-	-	-	-	7.86	-	-	-	-	-	-	-	6,909
Rick Richardson	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,287
Robert Thomas	-	-	-	-	1	1	25.32	-	25.32	-	-	-	-	-	-	17,899
Total: Dennis Benskin	-	-	-	-	1	1	9.48	3.43	9.48	-	-	-	-	-	-	21,095
Eddie Pruett	-	-	-	-	-	-	-	40.77	-	-	-	-	-	-	-	-
Chris Brown	-	-	-	-	-	-	-	4.21	-	-	-	-	-	-	-	8,939
Tony Cole	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4,222
Robert Gase	-	-	-	-	-	-	-	6.74	-	6.74	-	-	-	-	-	3,573
Bruce Small	-	-	-	-	-	-	26.44	7.43	26.44	7.43	-	-	-	-	-	17,564
Total: Eddie Pruett	-	-	-	-	1	1	8.23	5.95	8.23	2.98	-	-	-	-	-	24,298
Total Area: ERIC MELTON	-	-	-	-	1	2	4.77	2.87	3.18	1.91	-	-	1	-	-	125,665

LWIR = $\frac{\text{Number of Lost Time Injuries} \times 200,000}{\text{Total Hours Worked}}$

**Fatality

OCCURRENCE FACTOR = $\frac{(\text{Number of Medical Attention} + \text{First Aids} + \text{Lost Time Injuries} + \text{Vehicular Accidents} + \text{Property Damages Claims}) \times 200,000}{\text{Total Hours Worked}}$

OIR = $\frac{\text{Number of Recordables Injuries} \times 200,000}{\text{Total Hours Worked}}$

Prepared By: Dawn Godsey
 Department: Insurance
 Date Prepared: 4/12/2013
 Routing To: G Townsend, P. Cham
 M. Kimbrough, D. Town
 Area Managers, General

OIR is between 5.01 - 6
 OIR is above 6



The Townsend Corporation
Safety & Training Department
P.O. Box 128, Parker City, IN 47368
Phone (765) 748-1516
Facsimile (765) 468-3131

MEMORANDUM

TO: All Employees Driving Company Vehicles
FROM: Mark Kimbrough; Vice President Safety & Training
SUBJECT: Driving Policy Changes
DATE: March 15, 2013

Leadership,

Thank you for your individual and collective focus on safety! In the days to come we will be sharing with you some substantial policy changes around vehicle operations that will include expectations around training, distracted driving, use of in-vehicle technologies, and backing.

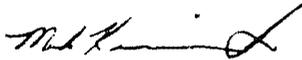
In the interim, in order to help reverse the vehicle incident trend we are seeing, we are implementing the following policies to be adhered to while operating company vehicle or other vehicles on company business.

1. Take all opportunities possible to avoid the need to back a vehicle.
2. If backing cannot be reasonably avoided, vehicles shall be backed into parking areas so that the exit can be accomplished in a forward manner.
3. If backing a vehicle becomes necessary, before moving the vehicle from its parked position, the driver shall perform a 360° walk around of the vehicle making certain there is sufficient clearance and that the area is free of obstacles.

4. When available, a second employee shall be used to assist in giving backing directions.
5. All vehicles SHALL have a safety cone placed as a warning to oncoming traffic. This includes vehicles backed into parking spaces, in which case the cone SHALL be placed in front of the vehicle. The exception to this policy will be if and when the vehicle is parked at your home location.
6. All vehicles SHALL be operated with the headlight on at all times.

Please work safely, take these expectations to heart, and ensure that they become part of how we operate our vehicles each and every day. If you have questions regarding these policy changes please contact your supervisor or your respective Safety Manager.

Again, thank you for your collective efforts on safety!



Mark Kimbrough
Vice President Safety & Training

The Townsend Corporation Ride Along Safety Behavior Assessment (SBA)

Observed by: _____ Crew #: _____ Observing Employee #: _____ OU #: _____

Route of travel: _____

This is not a checklist. It is a summary of the behaviors observed.
Unless you are in imminent danger, do not coach the driver until after the observation process. Enter the number of times each driving behavior is seen.

Driver Employee # _____ Driver Name: _____ Date: _____		
Driving Observations:	SBA #1	
Lights on While Driving	S ___ U ___	
Seat Belts Worn Properly	S ___ U ___	
Proper Mirror Adjustment	S ___ U ___	
"Triangle Look" (left - right - left)	S ___ U ___	
Wait 3 Seconds at Stop Lights & Signs	S ___ U ___	
Proper Following Distance (2-4-6) Rule	S ___ U ___	
Check Mirrors Every 5 - 8 Seconds	S ___ U ___	
5-6 Clicks On Turn Signals	S ___ U ___	
Maintain Proper Speed	S ___ U ___	
Completes proper vehicle inspection	S ___ U ___	
Can Explain the Circle of Safety	S ___ U ___	
Backs Into Parking Spots	S ___ U ___	
Honks Before Backing	S ___ U ___	
Proper Use of Spotter While Backing	S ___ U ___	
Total Safes and Unsafes		
Add up the "S" and "U" columns and enter the totals in the spaces to the right.	S ___ U ___	

Guidelines for SBA Discussion & Completion

- 1) Coach the employee about the driving process as outlined below.
 - Expand your look ahead capacity; 8 - 12 seconds
 - Size up the scene (anticipate problems)
 - Signal intentions early (use turn signals to give other drivers warnings well in advance of movements)
 - Plan an escape route (don't get boxed in)
 - Take decisive action
- 2) Have the driver perform a "commentary drive" explaining what they are seeing and the safety precautions they are taking.
- 3) At the completion of the drive, discuss your observations with the driver.
- 4) Solicit changes in negative behaviors
- 5) Thank the employee for their time

S = Safe U = Unsafe

Comments: _____

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Henry Spink

Audit Date: 1-16-13

Work performed: Bucket trimming

Location: Hwy. 690 15305

Custer Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: _____

Auditor: *[Signature]*

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Travis Hall

Audit Date: 1-17-13

Work performed: cutting brush

Location: Off of Ladiburg Raymond Rd

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	/ /					
Vest (if applicable)	/ /					
Foot Protection	/ /					
Appropriate clothing	/ /					
Device safely secured, protected, and situated	/ /					
Operator secured	/ /					
First aid kit and fire extenguisher	/ /					
Safety devices	/ /					
Equipment warning signs	/ /					
Proper operation	/ /					
Safe tree removal or trimming	/ /					
Seat belts used	/ /					
Job Briefing	/ /					
Handling of herbicides						

Comments: _____

Auditor: *Bob Henry*

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Billy Thomas

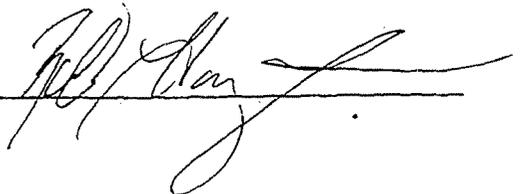
Audit Date: 1-23-13

Work performed: Jiraffe Cutting

Location: Haynes Cemetery Rd

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats					✓	
Chaps					✓	
Safety Glasses, goggles, and/or shields					✓	
Hearing Protection					✓	
Vest (if applicable)					✓	
Foot Protection					✓	
Appropriate clothing					✓	
Device safely secured, protected, and situated					✓	
Operator secured					✓	
First aid kit and fire extenguisher					✓	
Safety devices					✓	
Equipment warning signs					✓	
Proper operation					✓	
Safe tree removal or trimming					✓	
Seat belts used					✓	
Job Briefing					✓	
Handling of herbicides						

Comments: _____

Auditor: 

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Greg Smith

Audit Date: 1-23-13

Work performed: Side trimming w/ bucket

Location: 7491 Hwy. 33.3

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: _____

Auditor: 

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Jeff Jackson

Audit Date: 1-23-13

Work performed: Cutting brush

Location: Ashby Ln Custer Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	/					
Chaps	/					
Safety Glasses, goggles, and/or shields	/					
Hearing Protection	/					
Vest (if applicable)	/					
Foot Protection	/					
Appropriate clothing	/					
Device safely secured, protected, and situated	/					
Operator secured	/					
First aid kit and fire extinguisher	/					
Safety devices	/					
Equipment warning signs	/					
Proper operation	/					
Safe tree removal or trimming	/					
Seat belts used	/					
Job Briefing	/					
Handling of herbicides						

Comments: _____

Auditor: 

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Jeff Jackson

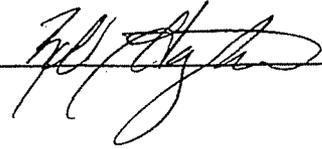
Audit Date: 2-5-13

Work performed: Bucket trimming

Location: 108 High Plains Rd

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: No wheel chocks out on truck

Auditor: 

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Travis Holl

Audit Date: 2-28-13

Work performed: Cutting W/O.

Location: Fred Phillips Ln.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: _____

Auditor: 

Right-of-Way Contractor On-site Audit

Contractor: Toconserud Tree

Foreman: Greg Smith

Audit Date: 2-28-13

Work performed: Trimming Service

Location: Pile-Ford North Rd.

Custer Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: _____

Auditor: 

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Henry Spink

Audit Date: 2-28-13

Work performed: Trimming Service

Location: Near Constantine Baptist Church Custer Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	—					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	—					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	—					
Equipment warning signs	—					
Proper operation	—					
Safe tree removal or trimming	—					
Seat belts used	—					
Job Briefing	—					
Handling of herbicides						

Comments: _____

Auditor: _____



Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Teddy Embury

Audit Date: 1-28-13

Work performed: Chipping brush

Location: Church of God Rd.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats		—				
Chaps		—				
Safety Glasses, goggles, and/or shields		—				
Hearing Protection		—				
Vest (if applicable)		—				
Foot Protection		—				
Appropriate clothing		—				
Device safely secured, protected, and situated		—				
Operator secured						
First aid kit and fire extinguisher		—				
Safety devices		—				
Equipment warning signs		—				
Proper operation		—				
Safe tree removal or trimming		—				
Seat belts used		—				
Job Briefing		—				
Handling of herbicides						

Comments: _____

Auditor: 

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Billy Thomas

Audit Date: 3-1-13

Work performed: Jaraff trimming

Location: 10283 Hwy. 333

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats					✓	
Chaps					✓	
Safety Glasses, goggles, and/or shields					✓	
Hearing Protection					✓	
Vest (if applicable)					✓	
Foot Protection					✓	
Appropriate clothing					✓	
Device safely secured, protected, and situated					✓	
Operator secured					✓	
First aid kit and fire extenguisher					✓	
Safety devices					✓	
Equipment warning signs					✓	
Proper operation					✓	
Safe tree removal or trimming					✓	
Seat belts used					✓	
Job Briefing					✓	
Handling of herbicides						

Comments: _____

Auditor: *Bob Hayter*

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Greg Smith

Audit Date: 3-7-13

Work performed: Cutting W.O. 55

Location: Junction Rd.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	/					
Chaps	/					
Safety Glasses, goggles, and/or shields	/					
Hearing Protection	/					
Vest (if applicable)	/					
Foot Protection	/					
Appropriate clothing	/					
Device safely secured, protected, and situated	/					
Operator secured	/					
First aid kit and fire extinguisher	/					
Safety devices	/					
Equipment warning signs	/					
Proper operation	/					
Safe tree removal or trimming	/					
Seat belts used	/					
Job Briefing	/					
Handling of herbicides						

Comments: _____

Auditor: 

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Travis Hall

Audit Date: 3-7-13

Work performed: Cutting W.O.

Location: Willie Simmons Rd

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extenuisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: _____

Auditor: *Bob [Signature]*

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Todd Swink

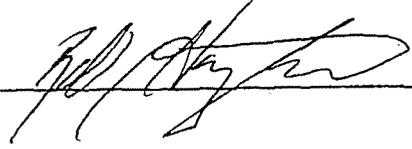
Audit Date: 3-8-13

Work performed: Side trimming bucket

Location: Church of God Dyer Rd Custer Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	///					
Chaps	///					
Safety Glasses, goggles, and/or shields	///					
Hearing Protection	///					
Vest (if applicable)	///					
Foot Protection	///					
Appropriate clothing	///					
Device safely secured, protected, and situated	///					
Operator secured	///					
First aid kit and fire extinguisher	///					
Safety devices	///					
Equipment warning signs	///					
Proper operation	///					
Safe tree removal or trimming	///					
Seat belts used	///					
Job Briefing	///					
Handling of herbicides						

Comments: _____

Auditor: 

Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree

Foreman: Teddy Embury

Audit Date: 3-8-13

Work performed: Chipping brush

Location: Church of God Dyer Rd. Carter Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats		✓				
Chaps		—				
Safety Glasses, goggles, and/or shields		—				
Hearing Protection		—				
Vest (if applicable)		—				
Foot Protection		—				
Appropriate clothing		—				
Device safely secured, protected, and situated		—				
Operator secured						
First aid kit and fire extenguisher		—				
Safety devices		—				
Equipment warning signs		—				
Proper operation		—				
Safe tree removal or trimming		—				
Seat belts used		—				
Job Briefing		—				
Handling of herbicides						

Comments: _____

Auditor: 

Quarterly Contractor Safety Update

Contractor: D. H. Elliot

Date of update: 4-25-13 Location: B-bug Office

Attendees: B. Briley, J. Lakos, R. Miles, E. Minton, D. Poe,
B. Wardrip

Manhours worked: 1183.5

Accidents and Near Misses

Quantity: 0 Lost time accidents _____ Time lost _____

Accident #1: _____

Crew name (foreman): _____

Violation(s) found: _____

Remedies or corrections taken: _____

Disciplinary action(s): _____

Other pertinent information: _____

Disciplinary action(s): _____

Other pertinent information: _____

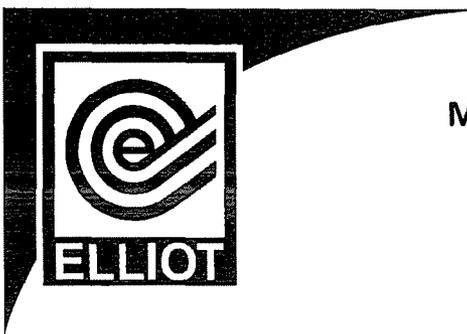
Contractor updates (safety, operations, and corporate)

Deficiencies, violations, and other concerns found and/or reported during observations and audits:

- Request that crews contact us when redlosures are placed on one-shot.

Safety program accomplishments and updates: _____

- Put 2 sets of eyes on the operation - ^{workout as} designated observer
- Increase following distances when driving



Meade County RECC Quarterly Meeting
Review of 1st Quarter, 2013
April 25, 2013



1st Quarter, 2013 Report

1. Accidents and near misses:

- There were no accidents or near misses to report in the first quarter of 2013.

2. Hours worked without a lost time accident:

- Elliot has worked 1,183.50 hours on Meade County RECC's property without a lost time accident.

3. Safety audits and observations:

#	Auditor	Date	Time	Foreman	Location
1.	Josh Lakes	3/4/13	2:00PM	David Price	Hardinsburg, KY
2.	Josh Lakes	3/7/13	10:30AM	David Price	Leitchfield, KY
3.	Josh Lakes	3/7/13	12:30PM	John Tucker	Falls of Rough, KY
4.	Josh Lakes	3/12/13	9:00AM	David Price	Falls of Rough, KY
5.	Josh Lakes	3/12/13	12:00PM	John Tucker	Falls of Rough, KY
6.	Josh Lakes	3/25/13	11:00AM	David Price	Leitchfield, KY
7.	Josh Lakes	3/25/13	12:30PM	John Tucker	Falls of Rough, KY
8.	Josh Lakes	3/28/13	9:00AM	David Price	Falls of Rough, KY

4. Summary of deficiencies, violations and concerns found during safety audits and observations:

#	Audit Date	Foreman	Summary
1.	3/4/13	David Price	No deficiencies, violations or concerns found.
2.	3/7/13	David Price	No deficiencies, violations or concerns found.
3.	3/7/13	John Tucker	Dustin Smith to turn in CDL physical to State (3/11/13)
4.	3/12/13	David Price	No deficiencies, violations or concerns found.
5.	3/12/13	John Tucker	No deficiencies, violations or concerns found.
6.	3/25/13	David Price	No deficiencies, violations or concerns found.
7.	3/25/13	John Tucker	No deficiencies, violations or concerns found.
8.	3/28/13	David Price	Ensure the Job Briefing is presented immediately to visitors when they arrive to the job site.

5. Safety program accomplishments:

- As a member of the OSHA T&D Strategic Partnership, we committed to train every employee on the Power 10 course and every Foreman and above on the Power 20 leadership course. The training schedule is on track and the Meade County RECC Elliot crews will receive the Power 10 course on 5/31/13 and 6/7/13.
- Elliot has implemented and trained all employees on our new equipotential grounding policy.



The NCAA Men's Basketball Tournament is now over. Some people in Kentucky are happy; others are not. But the one thing that everyone agrees on is that the season is over. Safety isn't like basketball. Safety's season never ends. The fact that everyone went home yesterday in the same condition in which they started the day, the fact that there were no unscheduled outages, or the fact that there were no at-fault vehicle incidents gives us no reprieve from duplicating or even increasing the effort tomorrow. Safety takes no off-season!

At Elliot we are striving to concentrate on leading indicators of Safety. In the first quarter of 2013 we performed over 1,300 field safety audits. We issued three Safety Bulletins (Job Briefings, Cell Phone Use and Insulating Protective Equipment). We implemented and trained on our new equipotential grounding policy. We started the training we committed to when we said we would give every employee the T & D Power 10 course, and every foreman and up the T & D Power 20 class (we refer to it as our Leadership Program). We are also developing training programs on voltage regulators, three-way communication methods, and hazard awareness/recognition programs along with mitigation methods. We realize that it is much better to be ahead of the curve than behind it. We would rather train our employees to recognize hazards than to perform a root cause analysis after we failed to do so.

During the first quarter we gathered information from our All Employee Meetings regarding our Human Performance Culture. We are in the process of analyzing this data in order to determine our next steps in our HP growth.

Through the remainder of this year we will continue our commitment to our programs. We will continue to look for safer work practices. We will continue to look for ways to keep our employees, the general public and your systems safe. We are already planning to perform our second round of PAARs (Peer Audit Assessment Review). We are already planning on our next Common Cause Assessment program. We don't have the opportunity to rest and get ready for next season. This season never ends.

If you see or think of anything that will help us in that regard please let us know.

Be Safe!

A handwritten signature in black ink that reads 'W. Linwood Northern'.

W. Linwood Northern
Vice President of Safety and Training
Davis H. Elliot Company, Inc.
859-263-5148 Ext. 5105



Quarterly Safety Report

Meade County RECC

At Elliot we are continuously striving for improvements in our safety and work practices believing that we can ultimately achieve our goals of zero accidents, zero injuries, zero property damage, and zero vehicle incidents. Our company philosophy that it is never acceptable for an employee to be injured at work is one of our strongest driving forces.

We would like to provide Meade County RECC with a monthly summary of man hours worked on your property, recordable injuries on Meade County RECC property, unintended outages (preventable) of Meade County RECC customers, vehicle incidents (preventable) while working for you and safety audits conducted on crews working on Meade County RECC property.

Brian Briley
Manager

Month	Hours Worked	Recordable Injuries	OSHA RIR	Unintended Outages	Vehicle Accidents	Safety Audits
January	0	0	0	0	0	0
February	0	0	0	0	0	0
March	1,258.50	0	0	0	0	8
April	0	0	0	0	0	0
May	0	0	0	0	0	0
June	0	0	0	0	0	0
July	0	0	0	0	0	0
August	0	0	0	0	0	0
September	0	0	0	0	0	0
October	0	0	0	0	0	0
November	0	0	0	0	0	0
December	0	0	0	0	0	0
YTD	1,258.50	0	0	0	0	8



JOB SAFETY AUDIT



Location: Hardinsburg Ky

Date: 3-4-13

Region: 340

Time: 2:00 PM

Crew Lead: David Price

Customer: MEADE CO

Crew Members Present: E. Dezarn, C. Nicholson, J. Dunaway

Types of Work: loading poles & material @ co-op office

Job Briefing: Yes No N/A Improvements (Comments)

Adequate Job Briefing				
Conducted before Job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Area Protection: Yes No N/A Improvements (Comments)

Appropriate Work Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Required	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Properly Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Cones in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Control Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PPE Being Used: Yes No N/A Improvements (Comments)

Hardhat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Toed Work Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Rated Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Properly Rated Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arc Rated Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Eye/Face Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Rubber Goods Tested: Expiration Date Observed Inspection/Test Before Use

Gloves	<u>3-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sleeves	<u>3-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Line Hoses	<u>Various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Blankets	<u>Various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Vehicles / Equipment: Yes No N/A Improvements (Comments)

Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auger Roll-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Chocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Working Order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping Satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Ext. / First Aid Kits
 Safety Latch on Hook
 Driver Log -- Up to Date
 FMCSR Book in Truck
 Owner's Manual Present
 Pre-Trip/ Post-Trip Inspection
 CDL License / Class / Med Card

Energized Lines: Yes No N/A Improvements (Comments)

Are Necessary Lines and Equipment covered?
 Approach Distance Followed

De-Energized Lines: Yes No N/A Improvements (Comments)

Tested (Voltage Detector)
 Grounded
 Grounded with Live Line Tool
 Grounded in Proper Order
 Tags Installed

General: Yes No N/A Improvements (Comments)

Work Procedures Satisfactory
 Housekeeping of Job Site

Training: Yes No N/A Improvements (Comments)

CPR / First Aid Trained
 Workers Qualified for Task Assignment?

Recognized Hazards:	Method Used to Eliminate/Control Hazard:
Hazard 1:	
Hazard 2:	
Hazard 3:	
Hazard 4:	
Hazard 5:	

Action Items (to be closed within 30 days):	Responsibility/Due Date:
All hoses, bleeders, gloves, & stencils to be changed	3-7-13

David Price
 Foreman/Crew Lead Name (PRINT)

[Signature] 3-4-13
 Foreman/Crew Lead Signature/Date

Josh Lake
 Auditor Name (PRINT)

[Signature] 3-4-13
 Auditor Signature/Date



JOB SAFETY AUDIT



Location: Falls of Rough, Ky

Date: 3-7-13

Region: 340

Time: 12:30 PM

Crew Lead: John Tucker

Customer: MEADE CO. REEC

Crew Members Present: B. Hurd, D. Smith, R. Traylor

Types of Work: Setting poles on remote job

Job Briefing: Yes No N/A Improvements (Comments)

Adequate Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conducted before Job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Area Protection: Yes No N/A Improvements (Comments)

Appropriate Work Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flag-person Required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flag-person Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Properly Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Cones in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Control Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PPE Being Used: Yes No N/A Improvements (Comments)

Hardhat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Toed Work Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Rated Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Properly Rated Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arc Rated Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Eye/Face Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Rubber Goods Tested: Expiration Date Observed Inspection/Test Before Use

Gloves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sleeves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Line Hoses	<u>Various Date</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Blankets	<u>Various Date</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Vehicles / Equipment: Yes No N/A Improvements (Comments)

Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auger Roll-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Grounded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Working Order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping Satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Fire Ext. / First Aid Kits
- Safety Latch on Hook
- Driver Log – Up to Date
- FMCSR Book in Truck
- Owner's Manual Present
- Pre-Trip/ Post-Trip Inspection
- CDL License / Class / Med Card

Energized Lines: **Yes** **No** **N/A** **Improvements (Comments)**

- Are Necessary Lines and Equipment covered?
- Approach Distance Followed

De-Energized Lines: **Yes** **No** **N/A** **Improvements (Comments)**

- Tested (Voltage Detector)
- Grounded
- Grounded with Live Line Tool
- Grounded in Proper Order
- Tags Installed

General: **Yes** **No** **N/A** **Improvements (Comments)**

- Work Procedures Satisfactory
- Housekeeping of Job Site

Training: **Yes** **No** **N/A** **Improvements (Comments)**

- CPR / First Aid Trained
- Workers Qualified for Task Assignment?

Recognized Hazards:	Method Used to Eliminate/Control Hazard:
Hazard 1:	
Hazard 2:	
Hazard 3:	
Hazard 4:	
Hazard 5:	

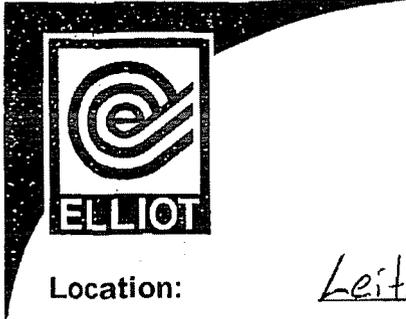
Action Items (to be closed within 30 days):	Responsibility/Due Date:
D. Smith needs to get his CDL Physical turned into the State.	D. Smith, 3-11-13

John Tucker
Foreman/Crew Lead Name (PRINT)

Josh Laker
Auditor Name (PRINT)

John C. Tucker 3-7-13
Foreman/Crew Lead Signature/Date

[Signature] 3-7-13
Auditor Signature/Date



JOB SAFETY AUDIT



Location: Leitchfield Ky

Date: 3-7-12

Region: 340

Time: 10:30

Crew Lead: David Price

Customer: Meade Co RUC

Crew Members Present: E. Dezara, G. Nicholson, J. Dunaway

Types of Work: Framing poles and spotting

Job Briefing: Yes No N/A Improvements (Comments)

Adequate Job Briefing				
Conducted before Job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Area Protection: Yes No N/A Improvements (Comments)

Appropriate Work Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flag-person Required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flag-person Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Properly Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Cones in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Control Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PPE Being Used: Yes No N/A Improvements (Comments)

Hardhat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Toed Work Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Rated Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Properly Rated Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arc Rated Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Work Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Eye/Face Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Rubber Goods Tested: Expiration Date Observed Inspection/Test Before Use

Gloves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sleeves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Line Hoses	<u>various dates</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Blankets	<u>various dates</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Vehicles / Equipment: Yes No N/A Improvements (Comments)

Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auger Roll-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Grounded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Working Order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping Satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Ext. / First Aid Kits
 Safety Latch on Hook
 Driver Log – Up to Date
 FMCSR Book in Truck
 Owner's Manual Present
 Pre-Trip/ Post-Trip Inspection
 CDL License / Class / Med Card

Energized Lines: Yes No N/A **Improvements (Comments)**

Are Necessary Lines and Equipment covered?
 Approach Distance Followed

De-Energized Lines: Yes No N/A **Improvements (Comments)**

Tested (Voltage Detector)
 Grounded
 Grounded with Live Line Tool
 Grounded in Proper Order
 Tags Installed

General: Yes No N/A **Improvements (Comments)**

Work Procedures Satisfactory
 Housekeeping of Job Site

Training: Yes No N/A **Improvements (Comments)**

CPR / First Aid Trained
 Workers Qualified for Task Assignment?

Recognized Hazards:	Method Used to Eliminate/Control Hazard:
Hazard 1:	
Hazard 2:	
Hazard 3:	
Hazard 4:	
Hazard 5:	

Action Items (to be closed within 30 days):	Responsibility/Due Date:
<i>Wires to be changed once shop has some</i>	<i>N. Phillips 3-14-13</i>

David Price
Foreman/Crew Lead Name (PRINT)

Josh Lukas
Auditor Name (PRINT)

David Price 3-7-13
Foreman/Crew Lead Signature/Date

Josh Lukas 3-7-13
Auditor Signature/Date



JOB SAFETY AUDIT



Location: Falls of Rough
~~Rough~~ Ky

Region: 340

Crew Lead: David Price

Date: 3-12-13

Time: 9:00 AM

Customer: Meade Co

Crew Members Present: E. DeZorn, C. Nicholson, J. Dunaway

Types of Work: hand digging pole hole, setting poles on
10 route project along road

Job Briefing:	Yes	No	N/A	Improvements (Comments)
Adequate Job Briefing Conducted before Job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Area Protection:	Yes	No	N/A	Improvements (Comments)
Appropriate Work Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flag-person Required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flag-person Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Properly Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Cones in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Control Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All ~~employees~~ employees are wearing road vest, working w/ 15 feet of highway

PPE Being Used:	Yes	No	N/A	Improvements (Comments)
Hardhat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Toed Work Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Rated Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Properly Rated Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arc Rated Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Work Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Eye/Face Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Rubber Goods Tested:	Expiration Date	Observed Inspection/Test Before Use		
Gloves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sleeves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Line Hoses	<u>various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Blankets	<u>various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Vehicles / Equipment:	Yes	No	N/A	Improvements (Comments)
Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auger Roll-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Chocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Working Order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping Satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Fire Ext. / First Aid Kits
- Safety Latch on Hook
- Driver Log – Up to Date
- FMCSR Book in Truck
- Owner's Manual Present
- Pre-Trip/ Post-Trip Inspection
- CDL License / Class / Med Card

Energized Lines: **Yes** **No** **N/A** **Improvements (Comments)**

- Are Necessary Lines and Equipment covered?
- Approach Distance Followed

All work being performed is in the clear

De-Energized Lines: **Yes** **No** **N/A** **Improvements (Comments)**

- Tested (Voltage Detector)
- Grounded
- Grounded with Live Line Tool
- Grounded in Proper Order
- Tags Installed

General: **Yes** **No** **N/A** **Improvements (Comments)**

- Work Procedures Satisfactory
- Housekeeping of Job Site

Training: **Yes** **No** **N/A** **Improvements (Comments)**

- CPR / First Aid Trained
- Workers Qualified for Task Assignment?

Recognized Hazards:	Method Used to Eliminate/Control Hazard:
Hazard 1:	
Hazard 2:	
Hazard 3:	
Hazard 4:	
Hazard 5:	

Action Items (to be closed within 30 days):	Responsibility/Due Date:

David Price
 Foreman/Crew Lead Name (PRINT)
David Price 3-18-13
 Foreman/Crew Lead Signature/Date

Josh Lukas
 Auditor Name (PRINT)
Josh Lukas 3-17-13
 Auditor Signature/Date



JOB SAFETY AUDIT



Location: Falls of Rough Ky
 Region: 340
 Crew Lead: John Tucker

Date: 3-12-13
 Time: 12:00 PM
 Customer: Meade Co

Crew Members Present: B. Hurd, R. Traylor

Types of Work: Setting AY and clearing up for wire pull

Job Briefing:	Yes	No	N/A	Improvements (Comments)
Adequate Job Briefing Conducted before Job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Area Protection:	Yes	No	N/A	Improvements (Comments)
Appropriate Work Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flag-person Required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flag-person Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Properly Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Cones in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Control Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PPE Being Used:	Yes	No	N/A	Improvements (Comments)
Hardhat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Toed Work Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Rated Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Rated Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arc Rated Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Eye/Face Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Rubber Goods Tested:	Expiration Date	Observed Inspection/Test Before Use		
Gloves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sleeves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Line Hoses	<u>Various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Blankets	<u>Various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Vehicles / Equipment:	Yes	No	N/A	Improvements (Comments)
Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auger Roll-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Grounded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Working Order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping Satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Ext. / First Aid Kits
 Safety Latch on Hook
 Driver Log – Up to Date
 FMCSR Book in Truck
 Owner's Manual Present
 Pre-Trip/ Post-Trip Inspection
 CDL License / Class / Med Card

Energized Lines: Yes No N/A **Improvements (Comments)**

Are Necessary Lines and Equipment covered?
 Approach Distance Followed

De-Energized Lines: Yes No N/A **Improvements (Comments)**

Tested (Voltage Detector)
 Grounded
 Grounded with Live Line Tool
 Grounded in Proper Order
 Tags Installed

General: Yes No N/A **Improvements (Comments)**

Work Procedures Satisfactory
 Housekeeping of Job Site

Training: Yes No N/A **Improvements (Comments)**

CPR / First Aid Trained
 Workers Qualified for Task Assignment?

Recognized Hazards:	Method Used to Eliminate/Control Hazard:
Hazard 1:	
Hazard 2:	
Hazard 3:	
Hazard 4:	
Hazard 5:	

Action Items (to be closed within 30 days):	Responsibility/Due Date:

John Tucker

Foreman/Crew Lead Name (PRINT)

John C. Tucker 3-12-13
Foreman/Crew Lead Signature/Date

Josh Lakes

Auditor Name (PRINT)

JL Lakes 3-12-13
Auditor Signature/Date



JOB SAFETY AUDIT



Location: Leitchfield Ky
 Region: 340
 Crew Lead: David Price

Date: 3-25-13
 Time: 11:05 AM
 Customer: Meade Co.

Crew Members Present: C. Dezaan, C. Nicholson, J. Dunning

Types of Work: Clearing & Staking trucks

Job Briefing:	Yes	No	N/A	Improvements (Comments)
Adequate Job Briefing Conducted before Job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Area Protection:	Yes	No	N/A	Improvements (Comments)
Appropriate Work Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Required	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Properly Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Cones in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Control Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PPE Being Used:	Yes	No	N/A	Improvements (Comments)
Hardhat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Toed Work Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Rated Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Properly Rated Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arc Rated Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Work Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Eye/Face Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Rubber Goods Tested:	Expiration Date	Observed Inspection/Test Before Use		
Gloves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sleeves	<u>4-14-17</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Line Hoses	<u>various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Blankets	<u>various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Vehicles / Equipment:	Yes	No	N/A	Improvements (Comments)
Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auger Roll-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Chocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Working Order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping Satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Ext. / First Aid Kits
 Safety Latch on Hook
 Driver Log – Up to Date
 FMCSR Book in Truck
 Owner's Manual Present
 Pre-Trip/ Post-Trip Inspection
 CDL License / Class / Med Card

Energized Lines: **Yes** **No** **N/A** **Improvements (Comments)**
 Are Necessary Lines and Equipment covered?
 Approach Distance Followed

De-Energized Lines: **Yes** **No** **N/A** **Improvements (Comments)**
 Tested (Voltage Detector)
 Grounded
 Grounded with Live Line Tool
 Grounded in Proper Order
 Tags Installed

General: **Yes** **No** **N/A** **Improvements (Comments)**
 Work Procedures Satisfactory
 Housekeeping of Job Site

Training: **Yes** **No** **N/A** **Improvements (Comments)**
 CPR / First Aid Trained
 Workers Qualified for Task Assignment?

Recognized Hazards:	Method Used to Eliminate/Control Hazard:
Hazard 1:	
Hazard 2:	
Hazard 3:	
Hazard 4:	
Hazard 5:	

Action Items (to be closed within 30 days):	Responsibility/Due Date:

David Pohn
 Foreman/Crew Lead Name (PRINT)
D. Pohn 3.05-13
 Foreman/Crew Lead Signature/Date

Josh Lukas
 Auditor Name (PRINT)
[Signature]
 Auditor Signature/Date



JOB SAFETY AUDIT



Location: Falls of Rough
 Region: 340
 Crew Lead: John Tucker

Date: 3-25-13
 Time: 12:30 PM
 Customer: Meade Co

Crew Members Present: B. Hurd, D. Smith, P. Taylor

Types of Work: hauling poles

Job Briefing:	Yes	No	N/A	Improvements (Comments)
Adequate Job Briefing Conducted before Job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is it documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Area Protection:	Yes	No	N/A	Improvements (Comments)
Appropriate Work Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flag-person Required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flag-person Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Properly Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Cones in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Control Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PPE Being Used:	Yes	No	N/A	Improvements (Comments)
Hardhat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Toed Work Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Rated Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Properly Rated Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arc Rated Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Work Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Eye/Face Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Rubber Goods Tested:	Expiration Date	Observed Inspection/Test Before Use		
Gloves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sleeves	<u>4-14-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Line Hoses	<u>Various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Blankets	<u>Various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Vehicles / Equipment:	Yes	No	N/A	Improvements (Comments)
Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auger Roll-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Grounded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Working Order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping Satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Ext. / First Aid Kits
 Safety Latch on Hook
 Driver Log – Up to Date
 FMCSR Book in Truck
 Owner's Manual Present
 Pre-Trip/ Post-Trip Inspection
 CDL License / Class / Med Card

Energized Lines: **Yes** **No** **N/A** **Improvements (Comments)**

Are Necessary Lines and Equipment covered?
 Approach Distance Followed

De-Energized Lines: **Yes** **No** **N/A** **Improvements (Comments)**

Tested (Voltage Detector)
 Grounded
 Grounded with Live Line Tool
 Grounded in Proper Order
 Tags Installed

General: **Yes** **No** **N/A** **Improvements (Comments)**

Work Procedures Satisfactory
 Housekeeping of Job Site

Training: **Yes** **No** **N/A** **Improvements (Comments)**

CPR / First Aid Trained
 Workers Qualified for Task Assignment?

Recognized Hazards:	Method Used to Eliminate/Control Hazard:
Hazard 1:	
Hazard 2:	
Hazard 3:	
Hazard 4:	
Hazard 5:	

Action Items (to be closed within 30 days):	Responsibility/Due Date:

John Tucker
 Foreman/Crew Lead Name (PRINT)

John C. Tucker 3-25-13
 Foreman/Crew Lead Signature/Date

Josh Labay
 Auditor Name (PRINT)

JL Labay 3-15-13
 Auditor Signature/Date



JOB SAFETY AUDIT



Location: Falls of Rough Ky

Date: 3-29-13

Region: 340

Time: 9:00 AM

Crew Lead: David Price

Customer: Meade Co

Crew Members Present: E. Dezan, C. Nicholson, J. Dunaway

Types of Work: Pulling in new conductor on re-route 10 project along road

Job Briefing:	Yes	No	N/A	Improvements (Comments)
Adequate Job Briefing Conducted before Job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>- Needs to have briefing presented to visitors immediately upon their arrival</u>
Is it documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Area Protection:	Yes	No	N/A	Improvements (Comments)
Appropriate Work Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Traffic is self regulated</u>
Flag-person Required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flag-person Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Flag-person Properly Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Traffic Cones in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Control Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PPE Being Used:	Yes	No	N/A	Improvements (Comments)
Hardhat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Toed Work Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Rated Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Rated Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arc Rated Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Eye/Face Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Rubber Goods Tested:	Expiration Date	Observed Inspection/Test Before Use		
Gloves	<u>4-13-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sleeves	<u>4-13-13</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Line Hoses	<u>Various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Blankets	<u>Various</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Vehicles / Equipment:	Yes	No	N/A	Improvements (Comments)
Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auger Roll-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have Grounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly Grounded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe Working Order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping Satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Ext. / First Aid Kits
 Safety Latch on Hook
 Driver Log – Up to Date
 FMCSR Book in Truck
 Owner's Manual Present
 Pre-Trip/ Post-Trip Inspection
 CDL License / Class / Med Card

Energized Lines: Yes No N/A **Improvements (Comments)**

Are Necessary Lines and Equipment covered?
 Approach Distance Followed

De-Energized Lines: Yes No N/A **Improvements (Comments)**

Tested (Voltage Detector)
 Grounded
 Grounded with Live Line Tool
 Grounded in Proper Order
 Tags Installed

General: Yes No N/A **Improvements (Comments)**

Work Procedures Satisfactory
 Housekeeping of Job Site

Training: Yes No N/A **Improvements (Comments)**

CPR / First Aid Trained
 Workers Qualified for Task Assignment?

Recognized Hazards:	Method Used to Eliminate/Control Hazard:
Hazard 1:	
Hazard 2:	
Hazard 3:	
Hazard 4:	
Hazard 5:	

Action Items (to be closed within 30 days):	Responsibility/Due Date:

David Prica
 Foreman/Crew Lead Name (PRINT)
David Prica 3-28-13
 Foreman/Crew Lead Signature/Date

Josh Lukas
 Auditor Name (PRINT)
Josh Lukas 3-28-13
 Auditor Signature/Date

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST - Elliot -

Date: 3-28-13
 Crew Leader/Foreman John Tucker
 Crew Members _____

Observer's Name Billy R Wardrip
 Vehicle #(s) _____

DESCRIPTION		USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/			
2. Cover-up materials	/			
3. Personal protective equipment	/			
a. Eye/face protection	/			
b. Hearing protection				/
c. Hand protection				/
d. Foot protection				/
4. Vehicle or personal protective grounds	/			
5. Traffic control devices	/			
a. Signs	/			
b. Cones	/			
6. Flagman - with proper equipment	/			
7. Chocks	/			
8. Fall protection	/			
a. Safety belts	/			
b. Harness	/			
c. Lanyards	/			
9. Tailgate conference held	/			
10. Proper equipment location and use (trucks, ladders, etc.)	/			
11. Equipment safety check made	/			

Comment

Setting Poles/Pulling new wire on
Willie Simmons RD
Removing old line

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST

Elliot

Date: 3-28-13
 Crew Leader/Foreman DAVID PRICE
 Crew Members _____

Observer's Name Billy Wardrip
 Vehicle #(s) _____

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection			/
d. Foot protection			/
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagman - with proper equipment	/		
7. Chocks	/		
8. Fall protection	/		
a. Safety belts			/
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment String New Wire in Removing
Copper Wire Lying Phase out on
old line-

Excel: O:\Forms\crewobservationsheet

Junction Rd
PART 1

Quarterly Contractor Safety Update

Contractor: Barton Energy

Date of update: 4/24/13 Location: B-bug Office

Attendees: Mary Crowe, ^{Tony} ~~Steve~~ Epperson, Fred Bonwell,
B. Wardrip, N. Carr, D. Poe

Manhours worked: 3317

Accidents and Near Misses

Quantity: 0 Lost time accidents _____ Time lost _____

Accident #1: _____

Crew name (foreman): _____

Violation(s) found: _____

Remedies or corrections taken: _____

Disciplinary action(s): _____

Other pertinent information: _____

Disciplinary action(s): _____

Other pertinent information: _____

Contractor updates (safety, operations, and corporate)

Deficiencies, violations, and other concerns found and/or reported during observations and audits:

Safety program accomplishments and updates: _____

- Safety Statement by Blevius Bowlin
- Monthly "State of Safety" Reports developed
- New employee accident, injury/illness forms
- employee must sign.



Incident Types	Services	Energy	Communications	Group	Total
OSHA Recordable Incidents	0	1	0	0	1
Lost-time	0	0	0	0	0
Restricted Duty	0	1	0	0	1
First-Aid	0	0	0	0	0
Reports	0	0	0	0	0
EMPLOYMENT INFORMATION					
Average daily # of employees (FTE'S)	38	105	23	18	184
Total hr's worked-YTD	5,254	12,824	3,525	2,307	23,910
Rate: YTD	0	15.95	0	0	8.36
*Rate: 12 mth's rolling avg.	8.33	3.87	4.56	0	4.55
National Average					4.10
Target Rate (Top Decile)					1.10
Incident rate calculation =					
Total # of injuries and illnesses x 200,000					
# of hours worked by all employees					
OSHA Recordable Actionable Causes				Month	Y-T-D
Slips, trips, and falls				1	1
Struck by (falling objects)				0	0
Caught in (machinery)				0	0
Lack of wearing PPE				0	0
Motor Vehicle				0	0
Line of Fire				0	0
Contact with Chemicals				0	0
Other e.g., burns, cuts,				0	0
Property Damage Claims				0	0
Project Safety Activities				Month	Y-T-D
New Employee Briefings					
Documented safety audits					
Pre-job briefings					
Disciplinary Actions					
OSHA Visits				0	

X

Fred W. Bonewell
Director of Safety



Knee Strain- -Winter Storm Work, Wytheville, VA Energy Services

How did the accident occur?

On January 20, 2013 at approx. 17:30 while climbing down from the bucket journeyman lineman sustained a right knee strain when his left foot most likely grating towards the belly of the truck putting all the force on the right knee w positioned on the grating.

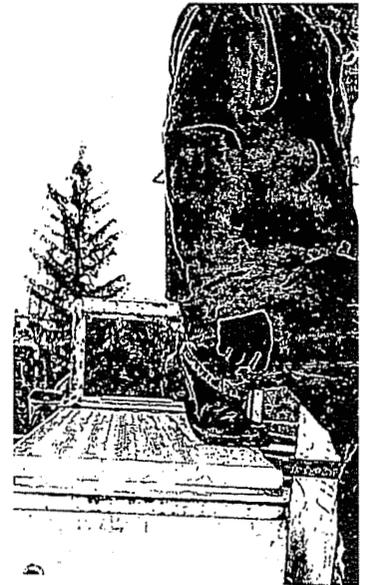
Why did accident occur?

Root cause appears to be employee slipped as there was presence of wet and frozen conditions.

Recommendation to prevent reoccurrence:

Very important in these conditions to maintain a constant watch of "eyes on task", always watch the direction you are moving, do not look in a different direction as this causes one to lose a center of gravity and can contribute to slips, trips, and falls.

Current situation: Employee is working with restrictions.





Details

Energy

Dennis Reeves: DOI: 1.20.13 Location: Storm Duty in Wytheville, VA., see bulletin for details, injury severity was mitigated by taking ee to Concentura in NC. This action changed original diagnosis and treatment plan. Employee returned to full-duty on 2/22/13.



Incident Types	Services	Energy	Communications	Group	Total
OSHA Recordable Incidents	1(+1)	1	0	0	2(+1)
Lost-time	0	0	0	0	0
Restricted Duty	1(+1)	1	0	0	2(+1)
First-Aid	0	1	0	0	1(+1)
Reports	0	0	0	0	0

EMPLOYMENT INFORMATION

Average daily # of employees (FTE'S)	42	109	23	19	193
Total hr's worked-YTD	11,356	30,355	7,582	5,452	54,745
Rate: YTD	17.61	6.59	0	0	7.31
*Rate: 12 mth's rolling avg.	8.33	3.87	4.56	0	4.55
National Average					4.10
Target Rate (Top Decile)					1.10
Incident rate calculation =					
<u>Total # of injuries and illnesses x 200,000</u>					
<u># of hours worked by all employees</u>					

OSHA Recordable Actionable Causes Month Y-T-D

Slips, trips, and falls	1	2
Struck by (falling objects)	0	0
Caught in (machinery)	0	0
Lack of wearing PPE	0	0
Motor Vehicle	0	0
Line of Fire	0	0
Contact with Chemicals	0	0
Other e.g., burns, cuts,	0	0
Property Damage Claims	1	1
Project Safety Activities	<u>Month</u>	<u>Y-T-D</u>

New Employee Briefings

Documented safety audits

Pre-job briefings

Disciplinary Actions

OSHA Visits

0

X

Fred W. Bonewell
Director of Safety



Details

Services

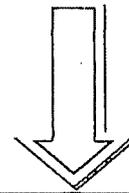
Karl Krebs (Foreman): DOI: 2.21.13 Location: Work on Bell Service @ Alexandria Pike / Rte. 27, see bulletin for details. Employee worked with no climbing restriction due to back strain. Employee returned to full-duty on 3.6.13. Countermeasure: Division VP & Safety Director taking a vigilant approach to 100% fall protection with the cynch-lok device.

Energy (Jan. event- -updated)

Dennis Reeves: DOI: 1.20.13 Location: Storm Duty in Wytheville, VA., see bulletin for details, injury severity was mitigated by taking ee to Concentura in NC. This action changed original diagnosis and treatment plan. Employee returned to full-duty on 2/22/13.



State of Safety March



2013

Incident Types	Services	Energy	Communications	Group	Total
OSHA Recordable Incidents	1	1	0	0	2(No chg)
Lost-time	0	0	0	0	0
Restricted Duty	1	1	0	0	2
First-Aid	0	1	0	0	1
Reports	0	0	0	0	0
EMPLOYMENT INFORMATION					
Average daily # of employees (FTE'S)	42	107	29	20	198
Total hr's worked-YTD	19,354	49,784	13,928	8,497	91,563
Rate: YTD	10.33	4.01	0	0	4.37
*Rate: 12 mth's rolling avg.	8.51	3.99	4.25	0	4.60
National Average					4.10
Target Rate (Top Decile)					1.10
Incident rate calculation =					
Total # of injuries and illnesses x 200,000					
# of hours worked by all employees					
OSHA Recordable Actionable Causes				Month	Y-T-D
Slips, trips, and falls				0	2
Struck by (falling objects)				0	0
Caught in (machinery)				0	0
Lack of wearing PPE				0	0
Motor Vehicle				2	3
Line of Fire				0	0
Contact with Chemicals				0	0
Other e.g., burns, cuts,				0	0
Property Damage Claims				1	2
Project Safety Activities				Month	Y-T-D
New Employee Briefings					
Documented safety audits					
Pre-job briefings					
Disciplinary Actions					
OSHA Visits				0	

X

Fred W. Bonewell
Director of Safety



Employee's First Report of Accident, Injury / Illness



Employee's name:

First Middle Initial Last

Date of birth: / / Preferred telephone #

Home Address:

City: State: Zip Code:

Present Classification: Length of employment:

Location of Accident:

Facility or Job-site Address

Date of Accident: Time of Accident:

Describe in your own words how this accident occurred:

What parts of your body are affected by the accident:

What steps are you going to personally take to prevent this accident from happening again?

Supervisor I notified: Date: Time: a.m. / p.m.

Names of Witness (es):

Signature of Employee: _____ Date: _____

CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: Tony Epperson

Date: 1-15-13

Location: Lyons - Dougherty Rd

Crew Leader Signature: Damy Goodner

Others: Billy Schreckells, Jeff Schmidt, John Cebart, Ronald Douglas, Trace Strait

Work Being Performed: pulling conductors in

Job Briefing:

- Tailgate Conducted Before Job
- Job Procedures Covered
- Emergency Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			

Work Area Protection:

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			

PPE Being Used:

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			

Rubber Goods Tested:

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			

Safety Tools Condition

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			

OVER

Vehicles/Equipment:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

Energized Lines:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

De-Energized Lines:

YES	NO	N/A	If no, Corrective action taken
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

General:

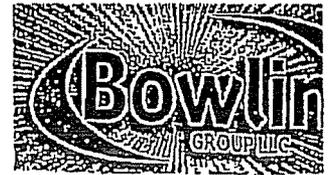
YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

- Work Procedures Satisfactory
- Housekeeping of Job Site

Notes:

Crew was in a tight spot making but was doing a good job with cover up.

CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: Tony Epperson

Date: 1-15-13

Location: Fetch Hill Job

Crew Leader Signature: Randy Collins

Others: Randell, Rick, Jerry, Dennis

Work Being Performed: framing poles + setting poles

Job Briefing:

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			

Work Area Protection:

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>		
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			

PPE Being Used:

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			

Rubber Goods Tested:

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Safety Tools Condition

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			

OVER

Vehicles/Equipment:

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

YES	NO	N/A	If no, Corrective action taken
		✓	
✓			
✓			
✓			

Energized Lines:

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

YES	NO	N/A	If no, Corrective action taken
		✓	
		✓	
		✓	

De-Energized Lines:

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

YES	NO	N/A	If no, Corrective action taken
		✓	
		✓	
		✓	

General:

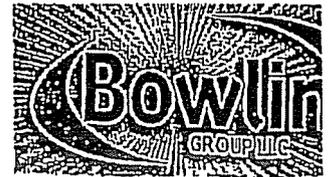
- Work Procedures Satisfactory
- Housekeeping of Job Site

YES	NO	N/A	If no, Corrective action taken
✓			
✓			

Notes:

Good Job, WORK Zone in neat order

CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: Terry Epstein

Date: 2-18-13

Location: Lynn Dougherty Rd.

Crew Leader Signature: Danny Boehm

Others: Bill Sheekels, Jeff Schmitt, John Galant

Work Being Performed: Striking wire

Job Briefing:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Tailgate Conducted Before Job
- Job Procedures Covered
- Emergency Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

Work Area Protection:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

PPE Being Used:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

Rubber Goods Tested:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

Safety Tools Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

OVER

Vehicles/Equipment:

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

YES	NO	N/A	If no, corrective action taken
/			
/			
/			

Energized Lines:

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

YES	NO	N/A	If no, Corrective action taken
/			
/			
/			

De-Energized Lines:

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

YES	NO	N/A	If no, Corrective action taken
		/	
		/	
		/	

General:

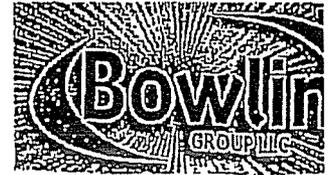
- Work Procedures Satisfactory
- Housekeeping of Job Site

YES	NO	N/A	If no, Corrective action taken
/			
/			

Notes:

needed another man to help the crew but they was doing a good job with the help they had

CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: Tony Espino

Date: 2-18-13

Location: Milam Rd job

Crew Leader Signature: Randy Collins

Others: Zandell, Rick, Jerry

Work Being Performed: c/o poles hot

Job Briefing:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

Work Area Protection:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

PPE Being Used:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

Rubber Goods Tested:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

Safety Tools Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

OVER

Vehicles/Equipment:

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Energized Lines:

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

De-Energized Lines:

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

YES	NO	N/A	If no, Corrective action taken
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	

General:

- Work Procedures Satisfactory
- Housekeeping of Job Site

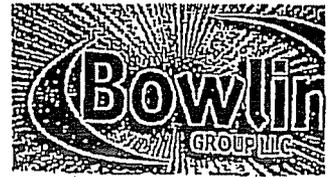
YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Notes:

No pole going taller during a good job.

Everyone had a plan

CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: Tony Espino

Date: 3-19-13

Location: Milan Rd

Crew Leader Signature: Randy Glin

Others: Rodell, Rich, Tony

Work Being Performed: pulling wire

Job Briefing:

- Tailgate Conducted Before Job
- Job Procedures Covered
- Emergency Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			

Work Area Protection:

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			

PPE Being Used:

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Rubber Goods Tested:

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
		<input checked="" type="checkbox"/>	

Safety Tools Condition

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			

OVER

Vehicles/Equipment:

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Energized Lines:

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

De-Energized Lines:

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

YES	NO	N/A	If no, Corrective action taken
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

General:

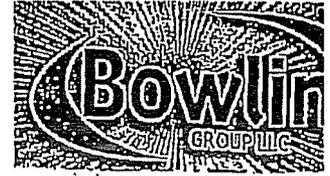
- Work Procedures Satisfactory
- Housekeeping of Job Site

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

Good job pulling wire in the close crew was moving on

CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: Vern Eggen

Date: 3-19-13

Location: Hay 313 job

Crew Leader Signature: Dary Goulin, Billy Decker

Others: Ronald, Jeff, John, Dennis, Russ 2 crews

Work Being Performed: setting poles, pulling wire

Job Briefing:

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Area Protection:

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PPE Being Used:

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Rubber Goods Tested:

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Safety Tools Condition

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OVER

Vehicles/Equipment:

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

YES	NO	N/A	If no, Corrective action taken
/			
/			
/			

Energized Lines:

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

YES	NO	N/A	If no, Corrective action taken
/			
/			
/			

De-Energized Lines:

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

YES	NO	N/A	If no, Corrective action taken

General:

- Work Procedures Satisfactory
- Housekeeping of Job Site

YES	NO	N/A	If no, Corrective action taken
/			
/			

Notes:

*Danny had crew split up some framing poles & setting
the other pulling wire*

Good job

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST

Date: 2-7-13
 Crew Leader/Foreman Randy Collins
 Crew Members

Observer's Name Billy Wardrip
 Vehicle #(s) _____

Bawlin

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves			/
2. Cover-up materials			/
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective grounds			/
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagman - with proper equipment	/		
7. Chocks	/		
8. Fall protection			/
a. Safety belts			/
b. Harness			/
c. Lanyards			/
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment Hauling and Spotting Poles

GRAYSON CO.
 MILAM RD SIB

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST

Bowlin

Date: 3-27-13

Observer's Name Billy Wardrop

Crew Leader/Foreman Danny Goodman

Vehicle #(s) _____

Crew Members Randy Collins

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagman - with proper equipment	/		
7. Chocks	/		
8. Fall protection	/		
a. Safety belts			/
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment

Both Crew were working on Hwy 313
Sec 4
Changing Poles And Setting Pole In Line

Line was on Non Release

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION
 CREW WORK PROCEDURES AND
 SAFETY OBSERVATION AND CHECKLIST

Bowlin

Date: 3-28-13
 Crew Leader/Foreman Billy Sheekells
 Crew Members _____

Observer's Name Billy Ward
 Vehicle #(s) _____

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves			/
2. Cover-up materials			/
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection			
d. Foot protection	/		
4. Vehicle or personal protective grounds			/
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagman - with proper equipment	/		
7. Chocks	/		
8. Fall protection			/
a. Safety belts			/
b. Harness			/
c. Lanyards			/
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment Setting Pole on Beck Knob Hill RD Job
